

# DR MARIJA VELJACA FOUNDATION

Dr Marija Veljaca Foundation is a 501(c)(3) nonprofit organization, Tax Exempt ID#: 52-2454112

## APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code, Country: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### EDUCATION:

University / Medical School: \_\_\_\_\_

Year started: \_\_\_\_\_ GPA (Grade Point Average): \_\_\_\_\_

College or High School: \_\_\_\_\_

Year graduated: \_\_\_\_\_ GPA (Grade Point Average): \_\_\_\_\_

**REFERENCES:** Please list the name of your reference provider along with following information:

Name, Title and Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code, Country: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### AWARDS:

Do you currently hold a scholarship? \_\_\_\_\_

Name of the scholarship: \_\_\_\_\_

Amount of the scholarship: \_\_\_\_\_

List other awards or scholarships received in the past: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Address: 6816 Bellevue Avenue, Apt. # 1A Guttenberg, NJ 07093 USA

Website: [www.drmarijaveljacafoundation.org](http://www.drmarijaveljacafoundation.org)

E-mail: [scholarships@drmarijaveljacafoundation.org](mailto:scholarships@drmarijaveljacafoundation.org)

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**PERSONAL STATEMENT:** please enclose a personal statement. The statement should be maximum two pages in length, written, signed and dated. Please answer the following questions:

- Why do you study medicine?
- What do you intend to do after you complete your degree?
- How will this scholarship help you achieve your goal?

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